If California—Health and Welfare Agency Approved OMB No. 2050—0039 (Expires 9-30-91) e print or type. (Form designed for use on elite (12-pitch typewriter).	Y , K		90.		trinent of Health sances Contro Sacramento,
I UNITURN NAZARDUUU	UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest Document No.			Charles and the control of the	e shaded areas y Federal law.
Adverage Name and Mailing Address aft Co. 19503.S. Normandie Avenue	7	A. Si	ate Manifest Docu 894	ment Numb	er 158
Torrance, CA 90502 4. Generator's Phone 213 533-6677 K. L. Anderson 722	M/S_C6-10		ate Generator's ID 4A4H4Q4346	,0,0,	5 ₄ 6 ₄ 9 ₄ 8 ₁
5. Transporter 1 Company Name 6. US EPA II J.C.I. Environmental Services / C. A. D. 0,5,8) Number		tate Transporter's I		013927
7. Transporter 2 Company Name 8. US EPA II		E. 8	ate Transporter's I ansporter's Phone		
9. Designated Facility Name and Site Address 10. US EPA II Chem Tech Systems, Inc.	Number	G. S	tate Facility's ID 	a	31618111
3650 E. 26th St. Vernon, CA 90023 CJA ₄ T ₄ O ₄ 8 ₄ O	91919101		acility's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number	12.	Containers 1	13. Total Quantity	= 14. Unit Wt/Vol	I. Waste N
Maste Steam-Cleaning Water (California Regulated Waste Only.)			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		State 22
(California Regulated Waste Unly.)	0 10	11 T IT	0 15 10 10 10	G	CA Re-
•					EPA/Other
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		State
d.	1	<u>r </u>	1111	18	EPA/Other State
u.			and the second		EPA/Other
J. Additional Descriptions for Materials Listed Above		K. F a.	landling Godes for	Wastes Li b.	sted Above
Alkaline cleaning agent - 5% Oil & grease - 5% Water - remainder		c.	01	d. 3	
15: Special Handling Instructions and Additional Information			i i		36
Guide# 31 Use gloves, goggles, respirator.	PROFILE				
10-T	HAULER 1	421	<u>10.</u>		
GENERATOR'S CERTIFICATION: I hereby declare that the contents of this cons and are classified, packed, marked, and labeled, and are in all respects in proper	ignment are fully a condition for trans	nd accurate port by high	ely described above nway according to a	by prope applicable	r shipping name international an
national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduct to be economically practicable and that I have selected the practicable method of present and future threat to human health and the environment; OR, if I am a small	treatment storage	or dispos	al currently availab	le to me w	nich minimizes
generation and select the best waste management method that is available to me Printed/Typed Name Signature	and that I can affo	rd.			Month Day
Kris L. Anderson Agent for M.D.A.C.	<u> </u>				0 8 1 0
Printed / Typed Name Signature	1	1 also	je. Auge		Month Day
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature	<u> </u>	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Month Day
19. Discrepancy Indication Space					1111
ic. Sissipanty mercany opass			17	All as	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered	by this manifest o	coept as n	oted in Item 19		
Printed/Typed Name Signature	1//	Jopi do M			Month Day
1904 110th 100	<u> </u>				<u> </u>

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

Printed/Typed Name Kris L. Anderson Agent for M.D.A.C.	Signature	931999
17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature Adres	Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Month Day Year
	*	

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Signature Printed/Typed Name

Do Not Write Below This Line DHS 8022 A (1/88)

EPA 8700-22 (Rev. 9-88) Previous editions are obsolete.

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YELLOW: GENERATOR RETAINS

Month

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Year